

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Agency's Name: Divine Touch Home Care Services – Oahu	CHAPTER 700
Address: 91-1063 Kai Kukuma Street, Ewa Beach, Hawaii 96706	Inspection Date: January 28, 2021 Initial (Office) and February 1, 2021 (Home)

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-2 <u>Definitions.</u> As used in this chapter:</p> <p>“Personal care aide” means a person who has successfully completed the basic nurse aide course in a state-approved nurse aide training program or an equivalent course or has successfully completed coursework which qualifies a person as certified or licensed health care professional. The department reserves the right to determine an equivalent course.</p> <p>FINDINGS Employee #1 was hired as a personal care aide. However, there was no documentation that employee #1 completed a nurse aide training course.</p> <p>Yes, proof of the documentation is attached in this package.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, we corrected the deficiency by asking the caregiver, Lerrrie Joy Agron to get another background check from E-crim because we couldn't obtain another copy from field print due to our account has been looked out. We attached a copy of her background check in this package.</p> <hr/> <p>Corrected statement on the left side paper."</p>	02/01/21

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<input checked="" type="checkbox"/>	<p>§11-700-2 <u>Definitions.</u> As used in this chapter:</p> <p>“Personal care aide” means a person who has successfully completed the basic nurse aide course in a state-approved nurse aide training program or an equivalent course or has successfully completed coursework which qualifies a person as certified or licensed health care professional. The department reserves the right to determine an equivalent course.</p> <p><u>FINDINGS</u> Employee #1 was hired as a personal care aide. However, there was no documentation that employee #1 completed a nurse aide training course.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that this will not happened again, we will obtain the copy of the documentation as soon as the caregiver applied for the position and secure it in our office.</i></p>	<p><i>02/01/21</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-8 <u>Policies and procedures.</u> (6) A home care agency shall have policies and procedures that include:</p> <p>An orientation program for all personnel rendering services to clients on the home care agency's policies and procedures and a continuous in-service education program.</p> <p><u>FINDINGS</u> There was no documentation that employees #1, #2, #3, #4, #5, #6, and #7 completed an orientation program of the agency's policies and procedures.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>We corrected the deficiency by asking the caregivers to come to our office to do another orientation program for all personnel rendering services to clients on Home Care Agency's policies and procedures and in continuous in-service education program. We also obtained their signatures for the orientation form. We attached all copies in this package.</p>	<p>02/04/21 25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-8 <u>Policies and procedures.</u> (6) A home care agency shall have policies and procedures that include:</p> <p>An orientation program for all personnel rendering services to clients on the home care agency's policies and procedures and a continuous in-service education program.</p> <p><u>FINDINGS</u> There was no documentation that employees #1, #2, #3, #4, #5, #6, and #7 completed an orientation program of the agency's policies and procedures.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The plan to ensure that this will not happened again is to have all caregivers applying to do an orientation program, when completely hired and make sure signatures were obtain copies are secured at office.</p>	02/25/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-9 <u>Administration and standards.</u> (d)(4) The home care agency shall:</p> <p>Conduct criminal background checks in accordance with section 321-15.2, HRS, to ensure that all employees and volunteers who provide client care or who supervise staff, including the administrator, do not have a history of criminal conviction, abuse, neglect, threatened harm, or other maltreatment against children or adults bearing a rational relationship to the duties and responsibilities of their position in accordance with state and federal laws, and prudent business practice. Relevant charges include but are not limited to assault, abuse, neglect, or theft;</p> <p><u>FINDINGS</u> There was no documentation that employee #1 completed the background check clearance.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, we corrected the deficiency by asking the caregiver, Lerrie Joy Agron to get another background check from E-Crim because, we couldn't obtain another copy from field print due to our account has been locked out. We attached a copy of her background check in this package.</p>	02/01/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-9 <u>Administration and standards.</u> (d)(4) The home care agency shall:</p> <p>Conduct criminal background checks in accordance with section 321-15.2, HRS, to ensure that all employees and volunteers who provide client care or who supervise staff, including the administrator, do not have a history of criminal conviction, abuse, neglect, threatened harm, or other maltreatment against children or adults bearing a rational relationship to the duties and responsibilities of their position in accordance with state and federal laws, and prudent business practice. Relevant charges include but are not limited to assault, abuse, neglect, or theft;</p> <p><u>FINDINGS</u> There was no documentation that employee #1 completed the background check clearance.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>We will ensure that this will not happened again by making sure we secure a copy of our own as soon as we received the result from field print. We will also provide a copy to the caregiver for their own filing so we can easily obtain a copy from them just in case we need it again.</p>	02/01/21

Licensee's/Administrator's Signature:



Print Name:

LARNI ALFONSD

Date:

03/02/2021